

Intoxicating Liquor or Wine License Application

Part I – General

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. License information	Type of license: <input type="checkbox"/> On sale <input type="checkbox"/> Off sale <input type="checkbox"/> On sale club <input type="checkbox"/> Bottle club <input type="checkbox"/> On sale wine, <i>includes Sunday</i>	Establishment type: <input type="checkbox"/> Restaurant <input type="checkbox"/> Nightclub <input type="checkbox"/> Hotel/motel <input type="checkbox"/> Bowling center <input type="checkbox"/> Entertainment facility	Optional licenses: <input type="checkbox"/> On sale 2 a.m. closing option – On sale <i>cannot apply to off sale or bottle club</i> <input type="checkbox"/> On sale Sunday
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2. Type of applicant	<input type="checkbox"/> Individual (7) <input type="checkbox"/> Partnership (8)	<input type="checkbox"/> Corporation (9a, 9b, 9c) <input type="checkbox"/> Other organization (9a, 9b, 9c)	<input type="checkbox"/> Club (10a, 10b)
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3. Legal name of licensee (individual, partnership, corporation, organization or club) _____

4. Business name _____ Phone (_____) _____

Address _____

Street City State Zip

If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name as required by Minnesota Statutes, Section 333.02.

Attach a list of owners and their respective percentages totaling 100 percent.

5. Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72) _____	Applicant's Social Security Number _____
Federal Business Tax ID Number _____	

6. Proof of **Workers' Compensation Insurance Coverage:**

Insurance company name _____ Dates of coverage _____

Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) _____

I am **not** required to have workers' compensation liability coverage because

☐ I have no employees covered by the law ☐ Other (Specify on the reverse side.)

NOTICE: You must apply for and obtain a federal liquor dealer's Special Tax Stamp issued by the U.S. Bureau of Alcohol, Tobacco and Firearms. This excludes a bottle club license.

NOTICE: You must apply for and obtain a Minnesota retailer's identification card (Buyer's Card) issued by the Minnesota Department of Public Safety, Liquor Control Division. This excludes a bottle club license.

Section 1: Type of applicant

Complete only one number in this section. Refer to question 2 for type of applicant.

7. **Individual** If applicable, complete this question and a Part II Personal History form. Then proceed to Section 2.

Full name _____

Last First Full middle

Residence address _____ Phone (_____) _____

Street City State Zip

Business address _____ Phone (_____) _____

Street City State Zip

Continue to page 2

- 8. Partnership** *If applicable, complete this question for general and limited partners, then proceed to Section 2. A Part II Personal History form is required from each general partner.*

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Business address _____
Street City State Zip

Phone (_____) _____

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Business address _____
Street City State Zip

Phone (_____) _____

Attach a copy of the partnership agreement.

- 9a. Corporation/other organization** *If applicable, complete questions 9a, 9b and 9c, then proceed to Section 2.*

Name _____
Last First Full middle State of incorporation/association _____

Bloomington address _____
Street City State Zip

Phone (_____) _____

Home office address _____
Street City State Zip

Phone (_____) _____

- 9b. Officers of corporation/other organization** *A Part II Personal History form is required from each officer.*

President

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Vice President

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Secretary

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Treasurer

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

- 9c. All persons who singly or together with their spouse and parents, brothers, sisters or children, own or control an interest in said corporation/other organization in excess of five(5) percent.** *A Part II Personal History form is required from each individual.*

Full name _____
Last First Full middle

_____ %

Residence address _____
Street City State Zip

Phone (_____) _____

Full name _____
Last First Full middle

_____ %

Residence address _____
Street City State Zip

Phone (_____) _____

Attach a copy of the Certificate of Incorporation; or if a foreign corporation, attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.03.

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Club name _____	Date club was first organized _____	Number of members _____
Place of such organization _____	Date club was first incorporated _____	
Name of establishment or serving club _____	Date established _____	

Full name _____ Position _____

Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Full name _____ Position _____

Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

Full name _____ **Position** _____

Last First Full middle

Residence address _____ Phone (_____) _____
Street City State Zip

A sworn statement that the club has been in existence for at least three years must be submitted by a person who has personal knowledge of the facts stated therein. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.

All applicants complete this section.

The Part II Personal History must be completed and filed with this application by each person in this section.

Full name _____ Position _____

Residence address _____ Phone (_____) _____
Street City State Zip

Full name _____ Position _____

Residence address _____ Phone (_____) _____
Street City State Zip

Full name _____ Position _____

Residence address _____ Phone (_____) _____

12. Will the licensed establishment be managed or operated by a person other than the licensee or an employee of the licensee? Refer to City Code, Section 13.01. ☐ Yes ☐ No

All applicants complete this section.

13a. Is building where licensed business will be located owned by applicant (individual, partnership, corporation or other organization)?

☐ Yes, *complete question 13a-e.*

☐ No, *proceed to question 14.*

Date purchased _____ Purchase price \$ _____ Down payment \$ _____

Name of person purchased from _____

Address of above person _____

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13b. Is there a mortgage? ☐ Yes ☐ No Amount \$ _____

Mortgage holder _____

Address _____
Street City State Zip

Term of mortgage _____ Rate of interest _____

13c. Is there a contract for deed (C.D.)? ☐ Yes ☐ No Amount \$ _____

C.D. holder _____

Address _____
Street City State Zip

Term of C.D. _____ Rate of interest _____

13d. Amount of the monthly payment at which mortgage and/or C.D. is being liquidated. \$ _____

13e. Are the payments on the mortgage and/or C.D. up-to-date? ☐ Yes ☐ No

14. Is building where licensed business will be located owned by someone other than the applicant? ☐ Yes, complete question 14.
☐ No, proceed to question 15.

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Business address _____
Street City State Zip

Phone (_____) _____

Attach a copy of the lease agreement.

15. List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture or stock in trade. This shall include, but not be limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Nature and amount of ownership, terms for payment or reimbursement. _____

Full name _____
Last First Full middle

Residence address _____
Street City State Zip

Phone (_____) _____

Nature and amount of ownership, terms for payment or reimbursement. _____

Section 4: Business assets*All applicants complete this section.*

Total cost of assets acquired to start business, including the business premises (if purchased), fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. Complete the uses and sources of funds schedule for the planned opening investment of the proposed business by the person(s) investing in this business. *Loans or extensions of credit provided to fund opening investment **require submission of credit approval documentation.** If acquiring an existing business, **attach copy of purchase agreement.** Round balances to the nearest hundred dollars.*

14. Uses of funds

Operating capital for daily needs \$ _____

*Opening checking account balance,
cash register balances, funds to carry
average accounts receivable and
prepaids; i.e. insurance, rent.*

Merchandise/inventory for resale \$ _____

Business property:

(a) Land and buildings \$ _____

Enter zero, if rented.

(b) Equipment and furnishings \$ _____

Other uses of funds, if any
Describe each below.

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL REQUIREMENTS \$ _____

Must equal total of column "15"

15. Sources of funds

Indebtedness owed to seller \$ _____

*Seller provides portion of financing to acquire
existing business after the closing date.*

Loans from financial institutions \$ _____

Loans from relatives \$ _____

Loans from other individuals \$ _____

Other outside sources, if any
Describe each below.

_____ \$ _____

_____ \$ _____

Opening investment by owners:

(a) Individual

Sole Proprietorship \$ _____

(b) Two Or More Individuals

Partnership \$ _____(c) Stockholders *For issuance of**stock and for capital contributed, if any.* \$ _____**TOTAL SOURCES AND INVESTMENT** \$ _____

Must equal total of column "14"

*Ownership by only one individual (Sole Proprietorship) **requires submission of personal financial statement**, including annual income details, and most recently submitted federal income tax return.*

*Ownership by two or more individuals (Partnership) **requires each individual submit personal financial statement**, including annual income details, most recently submitted federal income tax return, and partnership financial statement, including income statement.*

*Ownership by a corporation requires **submission of most recent annual report and/or corporate audited financial statements, plus most recently completed corporate tax return.** (If no audit is completed, include unaudited financial statements.)*

Section 5: Premises

All applicants complete this section.

If the premises is planned, under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Inspection Division of the Department of Community Development, no additional plans need be filed.

16. **Legal description of premises to be licensed.** *Submit survey showing dimensions, building locations, street access, parking facilities and location.*

17. **State the floor number, general area and all rooms where intoxicating liquor is to be sold and consumed.**
Attach a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms.

18. **How is the premises zoned under the Bloomington Zoning Ordinance?** _____

19. **Are any real estate taxes, personal property taxes, special assessments or other financial claims of the state, county, School District or City of Bloomington delinquent or unpaid for the premises to be licensed?** *If yes, give years and unpaid amounts.*

☐ Yes ☐ No

Notice: *In the event a suit has commenced under Minnesota Statutes, Sections 278.01 - 278.13, which questions the amount or validity of taxes, the City Council may waive strict compliance with the requirement that all taxes and assessments be paid, but no waiver may be granted on taxes which remain unpaid for a period exceeding one year after becoming due.*

Section 6: On sale intoxicating liquor license

Fill out this section if applying for an on sale intoxicating.

20. **If a hotel or motel, is there a dining room open to the general public with a minimum floor area of 750 square feet, seating for a minimum of 30 persons, and a minimum of 50 guest rooms provided?**

☐ Yes ☐ No

21. **If a restaurant, is it open to the general public with a minimum floor area of 750 square feet for dining and provisions for seating a minimum of 50 persons at one time?**

☐ Yes ☐ No

Section 7: On sale wine license

Fill out this section if applying for an on sale wine license.

22. **Is the premises open to the general public with a minimum floor area of 750 square feet for dining and provisions for seating a minimum of 50 persons at one time?**

☐ Yes ☐ No

Section 8: Bottle club liquor license

Fill out this section if applying for a bottle club liquor license.

23. **Does the applicant currently hold an on sale intoxicating liquor license or an on sale nonintoxicating malt liquor license?**

☐ Yes ☐ No

Section 9: Off sale intoxicating liquor license

Fill out this section if applying for an off sale intoxicating liquor license.

- 24. Do you hold an interest in any other liquor establishment in the State of Minnesota?** ☐ Yes ☐ No
If yes, give name of establishment and location.

- 25. If necessary, where do you store the liquor off the licensed premises? List warehouses and addresses.**

- 26. Is the premises located within 300 feet of any school as defined by Section 13.01 of the City Code?** *This distance is measured in a straight line from the lot on which the establishment is located to the nearest point of the lot on which the school is located. In shopping centers, the distance is measured from the main entrance of the business.* ☐ Yes ☐ No

- 27. Is the premises located within 300 feet of any place of worship as defined by Section 13.01 of the City Code?** *This distance is measured in a straight line from the lot on which the establishment is located to the nearest point of the place of worship's building.* ☐ Yes ☐ No

Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Bloomington a copy of *Bloomington City Code, Chapter 13* (Alcoholic Beverage Control Ordinance) and *Bloomington City Code, Chapter 4, Article II* (Tax on Retail On-Sales of Intoxicating Liquor) and will familiarize myself with the provisions contained within them.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

X _____
Applicant signature

Subscribed and sworn to before me, a
 Notary Public, on this _____ day
 of _____ 20 _____.
 Commission expires on _____.

Notary signature